

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE November 19, 2003
NAME OF SERVER (PRINT) John D. Pierce	TITLE Attorney for the Plaintiff

Check one box below to indicate appropriate method of service

2003 DEC -3 AM 11:18

FOR THE NORTHERN DISTRICT

OF INDIANA

 Served personally upon the defendant. Place where served: _____ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

 Returned unexecuted: _____ Other (specify): Via certified mail no. 7002 3150 0001 2628 8452 as evidenced by the attached return receipt, by Defendant Superior Auto, Inc., C/O Norbert J. Schenkel, Registered Agent, 520 South Calhoun Street, Fort Wayne, IN 46802

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 11-24-03

Date


Signature of Server

20 South Fifth Street, P.O. Box 599
Terre Haute, Indiana 47808

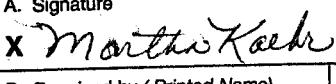
Address of Server

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Superior Auto, Inc.
 C/O Norbert J. Schenkel, Jr.,
 Registered Agent
 520 South Calhoun Street
 Fort Wayne, IN 46802

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery <u>11/21/03</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7002 3150 0001 2628 8452

JDP/Moore